



As of August 1st 2005, the following form must be completed and attached to each barricade plan submitted for review. Incomplete submittals cannot be reviewed. Thank you for your cooperation.

ENCROACHMENT PERMIT NUMBER _____

BARRICADE COMPANY _____

CONTACT PERSON _____

TELEPHONE NO. _____

FAX NO. _____

AFTER HOURS TELEPHONE NO. _____

CONTRACTOR _____

CONTACT PERSON _____

TELEPHONE NO. _____

FAX NO. _____

EMERGENCY NO. _____

COMPANY SPONSORING THE WORK _____

EXACT ADDRESS/INTERSECTION (USE ONLY SCOTTSDALE STREET NAMES)

REASON FOR RESTRICTION _____

CONSTRUCTION START DATE _____

CONSTRUCTION STOP DATE _____

WORK HOURS/TIME OF DAY _____